



## Land Use Services Department

### Building & Safety Division

# Building Permit Application

## To Be Completed By Applicant

Job Site Address:				Assessor's Parcel Number:			
Property Owner	Name:			Phone No.		Cell No.	
	Address:			Unit Number		Zip Code	
	Email Address:						
Applicant	Name:			Phone No.		Cell No.	
	Address:			Unit Number		Zip Code	
	Email Address:						
Contractor	Name:			Phone No.		Cell No.	
	Address:		City	State	Zip Code		
	Email Address:						
	Contractor's State of California License No.		Classification:			Lic. Exp. Date:	
Description of Work:							
Applicant's Signature						Date:	
Permit is valid for only 180 days after permit issuance and will expire unless you begin work and receive an inspection within the 180-day period.							

## To Be Completed By County Staff

Indicate Work Type:	Combo	Grading	Alteration	Miscellaneous/Fences (Plumb. Mech. Elec. Solar, & Rwall)	EC/PCIR	MH	Prof. Rpts
	Addition	Demolition	Retrofit*	Revision to Existing Permit	Pool/Spa	Re-Roof	Land/Temp Uses
Proposed Building Use(s):				Existing Building Use(s):			
Occupancy Group:	# Buildings:	# Units:	# Stories:	# Bedrooms:	Permit Renewal	YES OR NO	
					Expired Permit #:		
Construction Type:					Work without a permit	YES OR NO	
					Code Enf.case #:		

### Please note:

Copies of identification, credentials and all forms requiring authorization signatures must be reviewed by staff for completeness prior to permit issuance and must be present each time a permit is pulled.